

**APPLICATION FOR CHILD CARE SUBSIDY PROGRAM**

A representative of the Federal Employees Education and Assistance Fund (FEEA) may contact the applicant to request clarification on this subsidy program application. You as the applicant **must** attach the following documents:

1. Pay statements for the most recent 2 pay periods for each parent or guardian;
2. A copy of your most recent Federal income tax return;
3. Form OPM 1644, "Child Care Provider Information," completed by your provider; and
4. A copy of your child care provider's most recent license or statement of compliance with state and/or local child care regulations.

Applications that are not fully completed or do not contain the information listed below will not be processed and will be returned to the applicant. If you do not provide all of the information requested, you will not receive a subsidy assistance award. When more than one parent works for the Federal Government, subsidies cannot be awarded for the child/children by more than one Federal agency.

1. Employee/Applicant's Name (Last, First, MI)

Your Home Address:

Social Security Number

Work Telephone Number

Home Telephone Number

Work E-Mail Address

Home E-Mail Address

Relationship to Child(ren) for Whom Applying (*check only one*):

- ☐ Mother (biological, adoptive, foster, or step-mother)
☐ Father (biological, adoptive, foster, or step-mother)
☐ Individual for whom a judicial determination of support has been obtained
☐ Legal guardian, other than mother/father

Where do you work? (*Check one*) ☐ Washington, DC; or ☐ Field Office/Agency

Your Employer's Name and Address:

Work Telephone Number

Grade and Step Level**2. If You Are Married: Name of Spouse (Last, First, MI)**

Home Address: (*If different than yours*)

Social Security Number

Home Telephone Number

Where does your Spouse work?

Name and Address of Spouse's Employer

Work Telephone Number

Grade and Step Level

3. Family Income:

- A. Your gross annual salary: \$ _____
- B. Gross annual salary of spouse, If married: \$ _____
- C. Total gross family income *(as reported on most recent IRS tax return form)* \$ _____

4. State/County/Local Subsidies:

Do you currently receive any additional subsidies from state/county/local child care subsidy funds?

☐ Yes If so, from what source? ☐ No

Name and Address of the Agency providing the Subsidy:

_____	_____
_____	Contact Person
_____	_____
_____	Contact Telephone Number

What is the total weekly amount? \$ _____

List the name of each child for whom you receive the subsidy and the amount received:

Name of child: _____ Weekly subsidy amount: \$ _____

Name of child: _____ Weekly subsidy amount: \$ _____

Name of child: _____ Weekly subsidy amount: \$ _____

5. Application is being made for subsidy assistance for: *(attach additional sheets, if needed)*

Child's Name: _____ Date of Birth *(mm-dd-yyyy)* _____

Child's SSN: _____

☐ Enrolled now? Date of Enrollment *(mm-dd-yyyy)* _____

Child will be enrolled as of this date *(mm-dd-yyyy)* _____ Weekly tuition cost: \$ _____

Child care provider: _____

Address: _____

☐ Center-Based Care ☐ Family-Based Care Telephone Number _____

Child's Name: _____ Date of Birth *(mm-dd-yyyy)* _____

Child's SSN: _____ ☐ Enrolled now? Date of Enrollment *(mm-dd-yyyy)* _____

Child will be enrolled as of this date *(mm-dd-yyyy)* _____ Weekly tuition cost: \$ _____

Child care provider: _____

Address: _____

☐ Center-Based Care ☐ Family-Based Care Telephone Number _____

Child's Name: _____ Date of Birth (mm-dd-yyyy) _____

Child's SSN: _____ ☐ Enrolled now? Date of Enrollment (mm-dd-yyyy) _____

Child will be enrolled as of this date (mm-dd-yyyy) _____ Weekly tuition cost: \$ _____

Child care provider: _____

Address: _____

☐ Center-Based Care ☐ Family-Based Care Telephone Number _____

I state that everything I have stated in this application is true and correct to the best of my knowledge. I understand that failure to truthfully set forth this information could result in loss of subsidy assistance from the U.S. Department of State. I further agree to inform the Federal Employee Education and Assistance Fund within 10 days if any of the above information changes. I understand that failure to inform the Federal Employee Education and Assistance Fund of any changes in status may jeopardize my chances of receiving subsidy assistance through the U.S. Department of State's Child Care Subsidy Program.

Signature of Applicant _____ Date of Birth (mm-dd-yyyy) _____

Attached Documents:

- ☐ 1. Pay statements for the most recent 2 pay periods for each parent or guardian;
- ☐ 2. A copy of your most recent Federal income tax return;
- ☐ 3. Form OPM 1644, "Child Care Provider Information," completed by child care provider; and
- ☐ 4. A copy of your child care provider's most recent license or statement of compliance with state and/or local child care regulations.

Privacy Act Statement

Public Law 106-554, §633 (September 29, 2000) confers regulatory authority on the U.S. Department of State for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers will be for identification purposes in determining eligibility for the Child Care Subsidy Program. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for the U.S. Department of State's Child Care Subsidy Program. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of application.